Illness Management & Recovery

Implementation Resource Kit

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Implementation Tips for Mental Health Program Leaders

This document is designed to help mental health program leaders who are seeking to implement the Illness Management and Recovery Program at their clinical site. This program is the result of consolidating the main components of effective illness management programs which emphasize helping people who have experienced psychiatric symptoms to develop strategies for managing their own illness. It is a comprehensive, structured, and step-by-step program, which provides ready-to-use materials.

Over the years we have seen different program leaders who have successfully put effective illness management programs into effect in routine mental healthcare settings. In this document, we offer you ideas that we have gathered from these mental health program leaders.

Leading the implementation

The Illness Management and Recovery Program is more likely to be successfully implemented if a specific identified person is responsible for leading the implementation. The identified leader is more likely to succeed if he or she has the backing of senior administrators and the respect of on-line staff.

We recommend a person-centered management approach, such as the one articulated by Charles Rapp and his colleagues (see Appendix). This approach encourages practitioners to focus on goals set by the person, to use person-centered outcome data to guide ongoing management decisions, and to see leadership as an ongoing learning experience. Progress and success are measured by person-centered outcomes rather than by process measures such as hours of therapy or day treatment.

The implementation leader's job is to assist the agency in identifying and overcoming obstacles to successful implementation. This may include advocating for funding, rallying the support of the Executive Director or other key leaders, or bringing in consultants when needed.

Many authors have written about the process of leading change in healthcare. Please see the Appendix for references on this topic.

The task of implementing the Illness Management and Recovery Program can be broken into three phases:

1. building momentum for change
2. making the change
3. maintaining and extending the gains.

Building momentum for change

Programs have found the following strategies to be helpful:

- Work to get early buy-in from key leaders at the clinical site. Titled leaders and informal leaders are both important. They can help you with the rest of the process.
- Get the agency CEO to visibly articulate support for the Illness Management and Recovery Program.
- Work with your local NAMI and consumer groups to build consensus for change among key stakeholders.
- Bring in outside speakers to inspire the staff. Speakers tend to be more successful if they have credibility to the practitioners. Practitioners indicate that presenter credibility is increased if the presenter is a practitioner, demonstrates that he or she understands the population, expresses an acceptable value set, and/or is well-known in the field.
- Bring in people who have experienced psychiatric symptoms to talk about their experiences with learning to manage their illness and how it has helped them to move forward in recovery. This strategy works best if people have received services from local programs or from programs similar to your own.
- Connect your practitioners with professionals who have similar roles. Case managers tend to listen to case managers, physicians to physicians, and so on.
- Educate practitioners about studies that demonstrate the effectiveness of the components of the Illness Management and Recovery Program. See the article, "Illness Management and Recovery for Severe Mental Illness: A Review of the Research," by Kim Mueser, et al, listed in the Appendix.
- Organize retreats to predispose practitioners to implement the Illness Management and Recovery Program. Retreats can be used to educate practitioners, to help them appreciate the importance of the Illness Management and Recovery Program, and to engage them in planning the implementation.

- Place the Illness Management and Recovery Program in the context of the larger recovery paradigm across the agency. Articulate how the Illness Management and Recovery Program will assist the agency in fulfilling its mission, that is, assisting people in their recovery process.
- Anticipate the impact of the change on operations and other programming.

Making the change

The goal of the implementation leader is to redesign the process of care so that it becomes natural and easy for practitioners to provide Illness Management and Recovery Program on a regular basis. It will be helpful to anticipate the following issues:

Time frame

Generally, it takes about a year for practitioners to feel comfortable and confident providing the Illness Management and Recovery Program.

Staff qualifications

Academic credentials are less important than being able to develop a collaborative relationship with people who have experienced psychiatric symptoms. Practitioners who are flexible and optimistic about the recovery process tend to be very good at providing illness management programs.

Staff responsibilities

The Illness Management and Recovery Program is a comprehensive model which assists staff members, especially case managers, in fulfilling current job responsibilities effectively. To implement the program on an individual basis, practitioners need to be able to schedule weekly sessions of 45 to 60 minutes, for three to six months (depending on how much time the person needs to cover the nine topic areas). To implement the program on a group basis, practitioners need to be able to schedule weekly group sessions of 45 to 60 minutes with six to eight people in each group. The groups last from 3 to 6 months (depending on how much time the group members need to cover the nine topic areas).

Training

Practitioners will need knowledge about the symptoms and treatment recommendations for schizophrenia, bipolar disorder and major depression. They will need training in the core values of Illness Management and Recovery and training in its teaching principles, which include developing a collaborative relationship with people who have experienced psychiatric symptoms, teaching basic facts about mental illness, using motivation-based techniques, and using basic cognitive behavioral techniques.

Supervision and support

Weekly group supervision is recommended. Supervision should include regular validation of participant strengths and practitioner strengths. In supervision, practitioners will benefit from discussing possible solutions for difficulties they may be encountering in sessions.

Clinical team meeting

Practitioners providing the Illness Management and Recovery Program are part of the clinical team and should attend the clinical team meetings.

Equipment

Because of the extensive educational handouts required to conduct sessions, practitioners need to have access to file cabinets, xeroxing, and shelf space.

Paperwork

Practitioners will need to complete a "Strengths and Knowledge Inventory" for each person and complete an Illness Management and Recovery Progress Note for each session. They will also need to document the person's goals and progress toward goals at least once a month and to administer review questions at the end of each of the nine topic areas covered in the educational handouts. Other paperwork may be required by the funding sources and local regulations.

Tracking people's goals

Practitioners will assist people in identifying recovery goals. Together they will assess progress towards these goals at least once a month.

Policies and procedures

Relevant policies and procedures should be reviewed and revised to support the implementation of the Illness Management and Recovery Program.

Maintaining and extending the gains

- Put in place a process that lets staff know how many people are participating in the program and the extent to which they are accomplishing their goals.
- Visibly recognize staff members who have made the Illness Management and Recovery Program a success in your agency. Consider revising job performance reviews to include an assessment of skills in providing the Illness Management and Recovery Program.
- Find ways to tell each other success stories. Consider devoting a portion of each clinical meeting to sharing good news. This could include feedback and anecdotes from participants, family members, and employers.
- Sponsor events to celebrate achievements made by participants in the Illness Management and Recovery Program. Provide an opportunity for people to talk about what they have learned and accomplished.
- Become a training site to stay fresh and interested and help pass on your knowledge and experience to others.

Appendix

The following publications are excellent resources on program management:

Batalden, PB, Stoltz, PK: A framework for the continual improvement of healthcare: Building and applying professional and improvement knowledge to test changes in daily work. The Joint Commission Journal on Quality Improvement. 19:10, 424-445, 1993.

Gowdy, E., & Rapp, C.A. (1989). Managerial behavior: The common denominators of successful community based programs. Psychosocial Rehabilitation Journal, 13(2), 31-51.

Nelson EC, Batalden, PB, Ryer, JC (Eds.): Joint Commission Clinical Improvement Action Guide. Oakbrook Terrace, Illinois, 1998.

Rapp CA: Client-centered performance management for rehabilitation and mental health services. Rehabilitation and Mental Health Service Delivery.

Rapp, C.A. (1993). Client-centered performance management and the inverted hierarchy. In (Eds.) Flexer, R. & Solomon, P., Community and social support for people with severe mental disabilities. Andover Publishing Co.

Rapp, C. A. (1998). The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness. Chapter 8 – Supported Case Management Context: Creating the Conditions for Effectiveness. New York: Oxford University Press.

Supervisor's Tool Box. (1997). Lawrence, KS: The University of Kansas School of Social Welfare.

The following article focuses on the evidence for the Illness Management and Recovery intervention:

Mueser, K.T.; Corrigan, P.W.; Hilton, D.; Tanzman, B.; Schaub, A.; Gingerich, S.; Essock, S.M.; Tarrier, N.; Morey, B.; Vogel-Scibilia, S.; and Herz, M.I. Illness management and recovery: A review of the research. Psychiatric Services, in press.

For more information on the Illness Management and Recovery Program and training opportunities:

Visit our website: mentalhealthpractices.org.